[Agency Name]
[Agency Address]
[City, State, Zip Code]
[Phone Number]
[Email Address]

[Date]

[Client Name]
[Client Company Name]
[Client Address]
[City, State, Zip Code]

Dear [Client Name],

Welcome to [Agency Name]. We are pleased that you have chosen us to manage your professional liability insurance needs.

Our agency specializes in protecting professionals like you. Our goal is to provide you with comprehensive coverage and expert guidance to ensure your practice and reputation remain secure. Whether you have questions about your current policy, need to update your coverage, or require assistance with a potential claim, our team is here to help.

Your policy details are as follows:

- **Policy Type:** [Policy Type, e.g., Professional Liability / E&O]
- **Policy Number:** [Policy Number]
- **Effective Date:** [Start Date]
- **Renewal Date:** [End Date]

Please find your digital insurance ID cards and policy documents attached to this email. We recommend reviewing these documents carefully and keeping them for your records.

If you have any immediate questions, please contact your dedicated account manager, [Account Manager Name], at [Phone Number] or [Email Address].

Thank you for placing your trust in [Agency Name]. We look forward to a long and successful partnership.

Sincerely,

[Your Name]
[Your Title]
[Agency Name]